The program/department should submit three (minimum) potential reviewers based on the extent of the reviewer’s experience. The Assistant/Associate Dean, Faculty Senate Program Review Team (PRT), Planning & Institutional Performance (PIP), and Provost review each potential reviewer’s qualifications. In consultation with the PRT & Provost, PIP confirms eligibility. The PRT ranks the nominees as Lead Reviewer, Secondary Reviewer and the third will be utilized only if one of the others are unable to commit.

**Program:**

Click or tap here to enter text.

**Program Review Year:**

Click or tap here to enter text.

**Submitted by:**

Click or tap here to enter text.

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| --- | --- | --- | --- |
|  | **Nominee #1** | **Nominee #2** | **Nominee #3** |
| **Proposed Reviewer Name** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Reviewer Preference: e.g. 1, 2, 3** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Current Position:** Title, Institution, Unit, Year Started | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Degree:** Terminal in field | [ ]  Yes [ ]  NoClick or tap here to enter text. | [ ]  Yes [ ]  NoClick or tap here to enter text. | [ ]  Yes [ ]  NoClick or tap here to enter text. |
| **Rank:** Associate or Full Professor | [ ]  Yes [ ]  NoClick or tap here to enter text. | [ ]  Yes [ ]  NoClick or tap here to enter text. | [ ]  Yes [ ]  NoClick or tap here to enter text. |
| **Leadership Expertise** | [ ]  Yes [ ]  NoClick or tap here to enter text. | [ ]  Yes [ ]  NoClick or tap here to enter text. | [ ]  Yes [ ]  NoClick or tap here to enter text. |
| **Assessment Expertise***(if yes, give brief description)* | [ ]  Yes [ ]  NoClick or tap here to enter text. | [ ]  Yes [ ]  NoClick or tap here to enter text. | [ ]  Yes [ ]  NoClick or tap here to enter text. |
| **Familiarity with mission of Carnegie Doctoral/Professional University** | [ ]  Yes [ ]  NoClick or tap here to enter text. | [ ]  Yes [ ]  NoClick or tap here to enter text. | [ ]  Yes [ ]  NoClick or tap here to enter text. |
| **Expertise with Program Reviews (Internal or external)** | [x]  Yes [ ]  NoClick or tap here to enter text. | [ ]  Yes [ ]  NoClick or tap here to enter text. | [ ]  Yes [ ]  NoClick or tap here to enter text. |
| **Has the nominee been a reviewer for FGCU in the past? (if yes, when and which program?)** | [x]  Yes [ ]  NoClick or tap here to enter text. | [ ]  Yes [ ]  NoClick or tap here to enter text. | [ ]  Yes [ ]  NoClick or tap here to enter text. |
| **Any Connection to FGCU or program Faculty***(if yes, give brief explanation)* | [ ]  Yes [ ]  NoClick or tap here to enter text. | [ ]  Yes [ ]  NoClick or tap here to enter text. | [ ]  Yes [ ]  NoClick or tap here to enter text. |
| **Reason Selected:** Please provide brief rationale to assist the Program Review Team (PRT) in its review of your recommendation. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Independent and Unbiased:** | [ ]  Yes, to my knowledge, this proposed external reviewer is presented for consideration as independent and unbiased (no conflict of interest). [ ]  No | [ ]  Yes, to my knowledge, this proposed external reviewer is presented for consideration as independent and unbiased (no conflict of interest). [ ]  No | [ ]  Yes, to my knowledge, this proposed external reviewer is presented for consideration as independent and unbiased (no conflict of interest). [ ]  No |

**Supporting Documentation:** Please provide a current CV and any other materials for review for by PIP and the Program Review Team.

If nominating more than three external reviewers, please use additional form.